



SPECIAL USE TAX (MEASURE U/R) EXPENDITURE FORM

DATE: _____

FUNDING RECIPIENT: _____
FUNDING AWARDED: \$ _____
MAILING ADDRESS: _____
CITY, ZIP: _____
PH: _____
E-MAIL: _____

SEND TO: Town of Mammoth Lakes
Attn: Stuart Brown/Measure U
P.O. Box 1609
Mammoth Lakes, CA 93546
Ph: (760) 934-8989 ext. 210
sbrown@townofmammothlakes.ca.gov

DESCRIPTION OF PAYMENT	AMOUNT
PROGRAM ENHANCEMENT: Description of service: _____ _____ _____ _____ _____	\$ -
EQUIPMENT/FACILITY RENTAL: Description of service: _____ _____ _____ _____ _____	\$ -
OTHER: Description of service: _____ _____ _____ _____ _____	\$ -
TOTAL:	\$ -

PLEASE ATTACH ALL RECEIPTS

THE TOWN SHALL REVIEW AND PAY THE APPROVED CHARGES AS DESCRIBED IN THE 'LETTER OF AGREEMENT' ON SUCH INVOICES IN A TIMELY MANNER.

OFFICE USE ONLY:

RECEIVED: _____
AMOUNT: \$ _____ DATE: _____